

2009 REGISTRATION FORM

BASIC COURSE

WRIST ARTHROSCOPY

Training on Anatomical Specimen

May 1-2

September 25-26

ASIA IRCAD - TAIWAN

Dr./Prof.Family Name

First Name

Professional Address

.....

Zip Code City

Country

Phone Mobile Phone

Fax E-mail

REGISTRATION

May 1-2 September 25-26 (English-speaking course)

Limited to 40 participants

Live transmissions+Workshops+Traning on Live Tissue..... **38,000NTD**

HOTEL ACCOMMODATION

preferential rate at Howard Hotel Taichung

Per night, **single room breakfast included**..... **2,500NTD**

1 night 2 nights 3 nights

Mention the dates.....

PAYMENT

Please bill my credit card: VISA MASTER

Name Signature:

Card Number Expiration Date:

“AITS” fax number: +886-4-707-3222

Please find enclosed a check for (total amount):

check made payable to “AITS” and addressed to

No.6, Lugong Rd., Lugang Township, Changhua County, 505, Taiwan

or go to <http://www.aits.tw> for on-line registration.